

LA County Health Agency Strategic Priority 8: Chronic Disease and Injury Prevention

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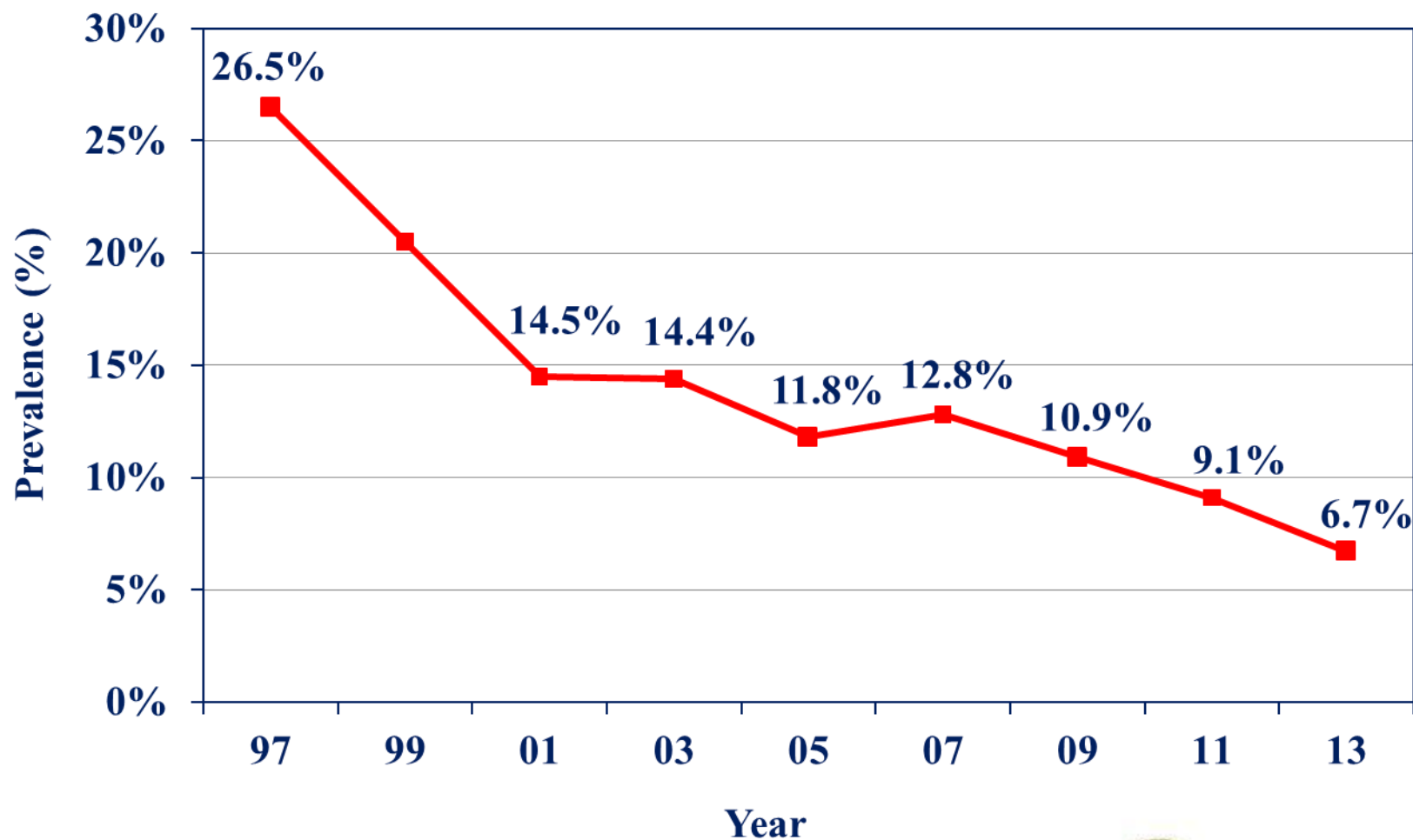


Why Chronic Disease?

- The 6 leading causes of death are all chronic diseases (heart disease, stroke, lung cancer, COPD, Alzheimer's disease, and diabetes)
- Chronic diseases account for approximately 75% of all health care costs
- They are to a large degree preventable—tobacco use, physical inactivity, and poor diet alone account for one-third of all deaths
- Investment in chronic disease prevention has had documented success



Trend in Smoking Prevalence Among High School Students, LAUSD, 1997-2013



Why Injury?

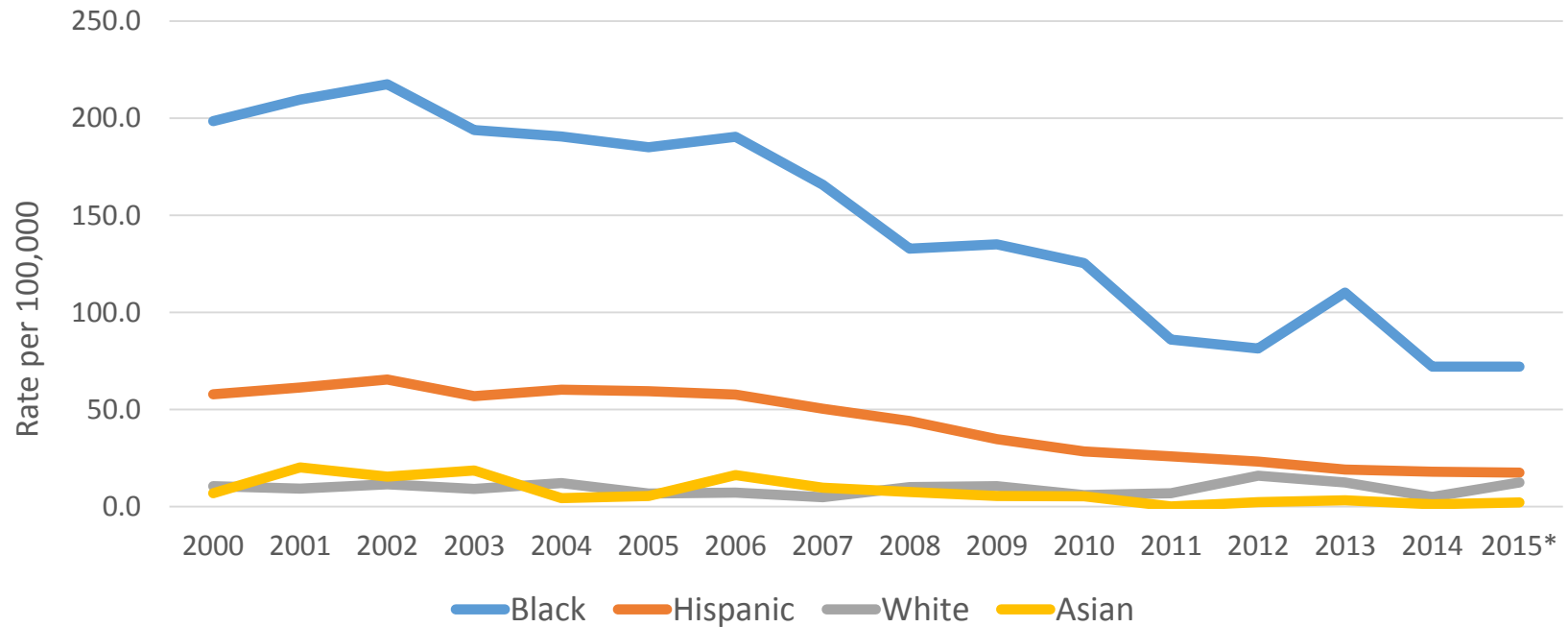
Leading Causes of Premature Death* Los Angeles County, 2012

<u>Cause of Death</u>	<u>Years of Life Lost</u>
Coronary heart disease	52,263
Homicide	24,905
Motor vehicle crash	22,895
Liver disease/cirrhosis	20,788
Suicide	20,683
Drug overdose	18,206
Lung cancer	16,858
Diabetes	16,041
Stroke	14,855
Breast cancer	12,843

* Deaths before age 75 years



Homicide Rates Among 15-24 Year Old Males in Los Angeles County, by Race/Ethnicity



Note 1: *2015 rates are preliminary estimates. Homicide numbers are not yet complete for 2015 and are population estimates not available; rates were calculated by doubling the number homicides from Jan-Jun 2015 and dividing by population estimates for 2014.

Note 2: Numbers based on homicides occurring in Los Angeles County while population estimates are based on Los Angeles County residents.

Note 3: For most years, rates for Whites and Asians are based on <20 homicides. These rates may be unstable and should be interpreted cautiously.

Note 4: Data not shown for other racial/ethnic groups, including Native Hawaiian/Other Pacific Islanders and American Indian/Alaskan Natives due to small numbers.

Sources: Deaths from Los Angeles County Department of Medical Examiner/Coroner. 2010-2014 Population Estimates, prepared by Hedderson Demographic Services for Los Angeles County ISD. 2000-2009 Smoothed Population Estimates, prepared by the Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, released 7/18/2013.

Workgroup Priorities

- Focus on prevention
- Create safer and healthier community environments
- Improve patient services
- Establish stronger community-clinic linkages
- Improve the health of our patients and our communities (“population health”)



Workgroup Goals

1. Expand access to the Diabetes Prevention Program (DPP) and to diabetes and other chronic disease management programs (includes mental health)
2. Expand team based care approaches (e.g., use of community health workers and community pharmacists; PCMH model) to improve management of hypertension and other chronic conditions
3. Expand access to tobacco cessation services
4. Expand programming and policy to reduce youth violence



Early Progress and Next Steps

- Goal 1: Expand access to DPP and to diabetes and other chronic disease management programs
 - Funding support from the CDC
 - Partnership with the YMCA and other organizations to expand DPP
 - Efforts to get MediCal and other health insurers to cover DPP
 - Implementing a chronic disease assessment module on the Office of Women's Health's telephone hotline
 - Reviewing evidence-based chronic disease management programs



Early Progress and Next Steps (cont.)

- Goal 2: Expand team-based care approaches for hypertension and other chronic disease management
 - Funding support from the CDC
 - Partnership with the USC School of Pharmacy and The Wellness Center at LAC-USC Medical Center
 - Working with American Heart Association to implement their blood pressure screening protocol and provider education
 - Working with Western University School of Pharmacy to develop and disseminate a CME module on pharmacist medication therapy management in a team care setting



Early Progress and Next Steps (cont.)

- Goal 3: Expand tobacco cessation services
 - Baseline assessment of current tobacco cessation services in DHS, DMH, and DPH
 - Assess 211 cessation resources and develop SPA-specific resource guides
 - Develop training curriculum for our providers
 - Establish an MOU with the California Smoker's Helpline for telephone counseling.
 - Expand team-based care model to include tobacco cessation services



Early Progress and Next Steps (cont.)

- Goal 4: Reduce youth violence
 - Measure B funding support from DHS to DPH
 - Data analysis to identify hotspots
 - Expanding Parks After Dark this coming summer
 - Developing a comprehensive youth violence prevention plan—includes community engagement
 - Planning outreach to the 14 Level 1 and 2 trauma centers to assist in coordinating their trauma prevention efforts



Measureable Outcome Objectives (preliminary)

- Increase the percentage of patients with diabetes that are well controlled (based on HbA1c)
- Increase the percentage of patients with hypertension that are well controlled
- Increase the percentage of patients with prediabetes that participate in DPP and achieve 5-7% weight loss
- Reduce the percentage of patients who smoke
- Reduce the homicide rate and violence-related ED visits and hospitalizations among youth in identified hot spot areas

